SCHEDULE B (FEC Form 3X)	Llos congrete cohodula/a)	-	FOR LINE NUMBER: PAGE 221 OF 223		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30l	
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the purpose of	soliciting contributions	
or for commercial purposes, other than using the name	ne and address of any politic	al committee to	solicit contributions fr	om such committee.	
NAME OF COMMITTEE (In Full)					
Ford Motor Company Civic Action I	Fund				
Full Name (Last, First, Middle Initial)					
A. Rely On Your Beliefs Fund			Date of Disbursement		
_ ·			M M / D D / Y Y Y Y Y		
Mailing Address 209 Pennsylvania Avenue SE			10 04	2011	
City	State Zip Code		Towns and an ID A	1500400	
Washington	DC 20003		Transaction ID: 1	526189	
Purpose of Disbursement Direct Contribution		011	Amount of Each Di	sbursement this Period	
Candidate Name			Amount of Each dispulsement this Feriod		
Rely On Your Beliefs Fund Category/ Type				2500.00	
Office Sought: House Disbursen	fice Sought: House Disbursement For:		Direct Contribution		
Senate Primary General					
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
3.			Date of Disburseme	ent	
			M = M / D = D	/	
Mailing Address					
City	State Zip Code				
•	, 				
Purpose of Disbursement			Amount of Each Di	churcement this Pariod	
Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type		7	
Office Sought: House Disbursen	ment For:				
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	ent	
			M = M / D = D	/	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			A	alanma ama and state Book at	
Candidate Name Category/ Type				sbursement this Period	
Office Sought: House Disbursen	ment For:	71: -		7	
	Primary General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				2500.00	
COLICIAL OF DISDUISCING THIS I age (optional)					
TOTAL This Period (last page this line number only))	·····		2500.00	